

**Victor Manuel Torres, Esq.** (SBN 140862)  
 406 Ninth Avenue, Suite 311  
 San Diego, California 92101  
 Telephone: (619) 232-8776  
 Facsimile: (619) 232-5854

**Ezekiel E. Cortez, Esq.** (SBN 112808)  
 1010 Second Ave., Suite 1850  
 San Diego, California 92101  
 Telephone: (619) 237-0309

Attorneys for Plaintiffs

UNITED STATES DISTRICT COURT  
 SOUTHERN DISTRICT OF CALIFORNIA

SAMANTHA LOPEZ, a minor, by and  
 through her Guardian Ad Litem Liliana  
 Cortez; SAMANTHA LOPEZ, a minor, by  
 and through her Guardian Ad Litem Liliana  
 Cortez, as Successor in Interest of David A.  
 Lopez, deceased

Plaintiffs,

vs.

THE COUNTY OF SAN DIEGO, a  
 municipality; THE CITY OF VISTA, a  
 municipality; SAN DIEGO COUNTY  
 SHERIFF WILLIAM KOLENDER,  
 individually and in his official capacity ;  
 SAN DIEGO COUNTY SHERIFF  
 OFFICER SHAWN AITKEN, individually  
 and in his official capacity ; SAN DIEGO  
 COUNTY SHERIFF OFFICER JACOB  
 PAVLENKO, individually and in his  
 official capacity; SAN DIEGO COUNTY  
 SHERIFF OFFICER JONATHAN  
 FECTEAU, individually and in his official  
 capacity; ARACELI GOCOBACHI, an  
 individual; DOES 1 through 20, inclusive,

Defendants.

CASE NO. 07CV2028-JLS(WMc)

**DECLARATION OF SAMANTHA  
 LOPEZ, A MINOR, BY AND THROUGH  
 HER GUARDIAN AD LITEM LILIANA  
 CORTEZ, TO COMMENCE ACTION AS  
 SUCCESSOR IN INTEREST OF DAVID  
 A. LOPEZ**

[CCP § 377.32]

**I, SAMANTHA LOPEZ, declare:**

1. I am the successor in interest of David A. Lopez, deceased. All matters set forth in this declaration are true of my personal knowledge.

2. The decedent's name is David A. Lopez. David A. Lopez died on October 21, 2006, in Vista, California. I am his surviving daughter.

3. A certified copy of the decedent's death certificate is attached hereto as Exhibit 1 and incorporated by reference.


4. No proceeding is now pending in California for administration of the decedent's estate.

5. I am the decedent's successor in interest, as defined in section 377.11 of the California Code of Civil Procedure, and succeed to the decedent's interest in the action in that I am a beneficiary of the deceased's estate.

6. No other person has a superior right to commence the action or proceeding or to be substituted for the decedent in the pending action or proceeding.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 5/13/08

  
Samantha Lopez, a minor by and through  
her Guardian Ad Litem, Liliana Cortez



# COUNTY OF SAN DIEGO

GREGORY J. SMITH  
 ASSESSOR/RECORDER/COUNTY CLERK

STATE FILE NUMBER		CERTIFICATE OF DEATH		3200637015894		
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS		LOCAL REGISTRATION NUMBER				
1070 DECEASED'S PERSONAL DATA	1. NAME OF DECEASED - FIRST (Given) <b>DAVID</b>		2. MIDDLE <b>ARNULFO</b>		3. LAST (Family) <b>LOPEZ</b>	
	4. DATE OF BIRTH mm/dd/yyyy <b>06/06/1979</b>		5. AGE Yrs. <b>27</b>		6. SEX <b>M</b>	
	8. BIRTH STATE/FOREIGN COUNTRY <b>CA</b>		10. SOCIAL SECURITY NUMBER <b>571-67-3251</b>		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
	12. MARRITAL STATUS (at Time of Death) <b>MARRIED</b>		7. DATE OF DEATH mm/dd/yyyy <b>10/21/2006</b>		8. HOUR (24 Hours) <b>2012</b>	
USUAL RESIDENCE	13. EDUCATION - Highest Level/Degree (see worksheet on back) <b>GED</b>		14. WAS DECEASED HISPANIC/LATINO (A) SPANISH? (if yes, see worksheet on back) <input checked="" type="checkbox"/> YES <b>MEXICAN</b>		15. DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back) <b>MEXICAN</b>	
	17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>LABORER</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>GENERAL CONSTRUCTION</b>		19. YEARS IN OCCUPATION <b>3</b>	
	20. DECEASED'S RESIDENCE (Street and number or location) <b>216 APOLLO DR #2</b>		21. CITY <b>VISTA</b>		22. COUNTY/PROVINCE <b>SAN DIEGO</b>	
	23. ZIP CODE <b>92084</b>		24. YEARS IN COUNTY <b>27</b>		25. STATE/FOREIGN COUNTRY <b>CA</b>	
SPOUSE AND PARENT INFORMATION	26. INFORMANT'S NAME, RELATIONSHIP <b>JULIA LOPEZ, SISTER</b>		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) <b>216 APOLLO DR #2, VISTA, CA 92084</b>			
	29. NAME OF SURVIVING SPOUSE - FIRST <b>ARACELI</b>		29. MIDDLE <b>-</b>		30. LAST (Maiden Name) <b>GOCOBACHI</b>	
	31. NAME OF FATHER - FIRST <b>FILADELFO</b>		32. MIDDLE <b>-</b>		33. LAST <b>LOPEZ</b>	
	35. NAME OF MOTHER - FIRST <b>CECILIA</b>		36. MIDDLE <b>-</b>		37. LAST (Maiden) <b>BARRON</b>	
FUNERAL DIRECTORY LOCAL REGISTRAR	38. DEPOSITION DATE mm/dd/yyyy <b>10/27/2006</b>		39. PLACE OF FINAL DEPOSITION <b>MISSION SAN LUIS REY DE FRANCIA</b>		40. ADDRESS <b>4050 MISSION AVE, OCEANSIDE, CA 92057</b>	
	41. TYPE OF DISPOSITION(S) <b>BU</b>		42. SIGNATURE OF EMBALMER <b>ERIC TODASH</b>		43. LICENSE NUMBER <b>EMB8839</b>	
	44. NAME OF FUNERAL ESTABLISHMENT <b>EL CAJON-LAKESIDE-SANTEE MORTUA</b>		45. LICENSE NUMBER <b>FD1022</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>NANCY L BOWEN, MD</b>	
	47. DATE mm/dd/yyyy <b>10/25/2006</b>					
PLACE OF DEATH	101. PLACE OF DEATH <b>MOBILE HOME</b>		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other			
	104. COUNTY <b>SAN DIEGO</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) <b>1205 NORTH SANTA FE AVENUE</b>		106. CITY <b>VISTA</b>	
	107. CAUSE OF DEATH <b>MULTIPLE GUNSHOT WOUNDS</b>		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	110. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		111. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		112. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
PHYSICIAN'S CERTIFICATION	113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>NONE</b>		114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since (a) mm/dd/yyyy (b) mm/dd/yyyy		115. SIGNATURE AND TITLE OF CERTIFIER <b>STEVEN CAMPMAN</b>	
	116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>STEVEN CAMPMAN</b>		117. LICENSE NUMBER <b>1024/2006</b>		118. DATE mm/dd/yyyy <b>10/24/2006</b>	
	119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy <b>10/21/2006</b>	
	122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) <b>MOBILE HOME</b>		123. HOUR (24 Hours) <b>1928</b>		124. DISCUSS HOW INJURY OCCURRED (Events which resulted in injury) <b>SHOT BY ON DUTY LAW ENFORCEMENT OFFICER(S)</b>	
CORONER'S USE ONLY	125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP) <b>1205 NORTH SANTA FE AVENUE, VISTA, CA 92083</b>		126. SIGNATURE OF CORONER/DEPUTY CORONER <b>STEVEN CAMPMAN</b>		127. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER <b>STEVEN CAMPMAN, MD, DME</b>	
	128. DATE mm/dd/yyyy <b>10/24/2006</b>		129. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER <b>STEVEN CAMPMAN, MD, DME</b>		130. FAX AUTH. # <b>012006000347723</b>	
	131. STATE REGISTRAR <b>A</b>		132. STATE REGISTRAR <b>B</b>		133. STATE REGISTRAR <b>C</b>	
	134. STATE REGISTRAR <b>D</b>		135. STATE REGISTRAR <b>E</b>		136. STATE REGISTRAR <b>F</b>	

This is a true and exact reproduction of the document officially registered and placed on file in the office of the San Diego County Recorder/Clerk.

*G. J. Smith*

May 12, 2008

Gregory J. Smith  
 Assessor/Recorder/County Clerk

This copy is not valid unless prepared on an engraved border displaying date, seal and signature of the Recorder/County Clerk



\*002335051\*

